

Fill in this information to identify the case:

Debtor 1 Solferino Inc
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Washington
(State)

Case number: 19-00577

Form 1340 (12/19)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$ 374.87
Claimant's Name:	Bill and Dianne Whitten
Claimant's Current Mailing Address, Telephone Number, and Email Address:	1701 Milan Lane, Richland WA 99352 509-948-0849 whitten@hamtc.net

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☒ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

☐ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
Eastern District of Washington
920 W Riverside Ave. #300
Spokane, WA 99201

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 2/22/2024

Bill Whitten
Signature of Applicant

Bill Whitten

Printed Name of Applicant

Address: 1701 Milan Lane, Richland
WA 99352

Telephone: 509-9480849

Email: whitten@hamtc.net

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 2/22/2024

Dianne Whitten
Signature of Co-Applicant (if applicable)

Dianne Whitten

Printed Name of Co-Applicant (if applicable)

Address: 1701 Milan Lane, Richland
WA 99352

Telephone: 509-948-0849

Email: whitten@hamtc.net

6. Notarization

STATE OF Washington

COUNTY OF Benton

This Application for Unclaimed Funds, dated 2/22/2024 was subscribed and sworn to before me this 1st day of March, 2024 by

Bill Whitten

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public *Erick Gomez*

Notary Public
State of Washington
ERICK GOMEZ
License Number 23020131
MY COMMISSION EXPIRES
March 09, 2027

My commission expires: March 09, 2027

6. Notarization

STATE OF Washington

COUNTY OF Benton

This Application for Unclaimed Funds, dated 2/22/2024 was subscribed and sworn to before me this 1st day of March, 2024 by

Dianne Whitten

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public *Erick Gomez*

Notary Public
State of Washington
ERICK GOMEZ
License Number 23020131
MY COMMISSION EXPIRES
March 09, 2027

My commission expires: March 09, 2027